

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09841525

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/					51		/				
3		/					52	/	/				
4		/					53	/					
5		/					54	/					
6		/					55		/				
7		/					56		/				
8		/					57		/				
9		/					58	/					
10		/					59		/				
11		/					60		/				
12		/					61		/				
13	/						62		/				
14	/						63		/				
15	/						64	/					
16	/						65	/					
17		/					66	/					
18		/					67		/				
19		/					68		/				
20		/					69		/				
21		/					70		/				
22		/					71		/				
23		/					72	/					
24		/					73		/				
25	/						74		/				
26		/					75		/				
27		/					76		/				
28		/					77	/					
29		/					78		/				
30		/					79		/				
31	/						80		/				
32	/						81		/				
33	/						82	/					
34		/					83		/				
35		/					84		/				
36		/					85		/				
37		/					86		/				
38		/					87	/					
39		/					88		/				
40		/					89	/					
41	/						90		/				
42		/					91	/					
43		/					92		/				
44	/						93		/				
45	/						94		/				
46	/						95		/				
47		/					96		/				
48		/					97		/				
49	/						98	/					
50		/					99		/				
							100		/				
TOTAL IND.	50						TOTAL IND.						
TOTAL DEP.	80						TOTAL DEP.						
TOTAL CLAIMS	130						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09741528

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103	1					
104		1				
105	1					
106		1				
107		1				
108		1				
109	1					
110		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS